



OCT. 19, 2009

HEALTH UPDATE

New Supplemental Guidance for the Treatment of Children and Adolescents for the 2009-2010 Influenza Season

On Oct. 16, 2009, the Centers for Disease Control and Prevention published supplemental guidance for the treatment of children and adolescents during the 2009-2010 influenza season, including novel H1N1 influenza. This Health Update outlines only the section about antiviral use from the pediatric supplemental guidance. Other topics cover pharmaceutical considerations, considerations for post-exposure prophylaxis, and pediatric dosing recommendations including dosing for infants younger than 1 year of age. Providers should review this document in its entirety, which can be found at <http://www.cdc.gov/h1n1flu/recommendations.htm>.

In addition, the American Academy of Pediatrics has published a document describing 2009 novel H1N1 influenza infections in children and the conditions that increase the risk for more severe outcomes. This document can be found at <http://www.aap.org/new/AAP-Work-Group-CSHCN-H1N1-FINAL-10-1-09.pdf>.

Considerations for Antiviral Therapy

Influenza antiviral medications can reduce the severity and duration of influenza illness and can reduce the risk of influenza-related complications, including severe illness and death.

Most children and adolescents who develop a mild illness consistent with uncomplicated influenza, or who appear to be recovering from influenza, do not need antiviral medications for treatment. However, clinical judgment is always an essential part of treatment decisions. Assessment of a child's or an adolescent's clinical presentation and underlying risk factors for influenza-related complications and death should guide medical decisions regarding evaluation, follow-up, or treatment.

- Prompt empiric antiviral therapy with oseltamivir (Tamiflu®) or zanamivir (Relenza®)¹ is recommended for children and adolescents of any age presenting with suspected or confirmed influenza and:
 - Severe illness, or
 - Evidence of clinical deterioration regardless of previous health, or
 - Symptoms of lower respiratory tract involvement, or
 - Illness requiring hospitalization.
- Treatment should not wait for laboratory confirmation of influenza because waiting for laboratory testing results can delay treatment and because a negative rapid test for influenza does not rule out influenza.

- Treatment, when indicated, should be initiated as early as possible because the benefits are greatest when started within the first two days of illness. However, some studies of hospitalized patients with seasonal and 2009 H1N1 influenza have suggested benefit of antiviral treatment even when treatment was started more than 48 hours after illness onset.
- Infants have had higher rates of hospitalization and death from 2009 H1N1 influenza infections compared with other age groups. The FDA has authorized oseltamivir for the treatment of 2009 H1N1 influenza infections in children younger than 1 year old, under an Emergency Use Authorization (EUA) ².
- Early outpatient empiric treatment with oseltamivir or zanamivir should be considered for children and adolescents with suspected or confirmed influenza who are at higher risk for complications including:
 - Children younger than 2 years old (please see the complete document for special considerations for treatment or chemoprophylaxis of children younger than 1 year old).
 - Children and adolescents with certain chronic medical or immunosuppressive conditions including:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus).
 - Disorders that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, epilepsy, or other neuromuscular disorders).
 - Immunosuppression, including that caused by medications or by HIV.
 - Pregnant adolescents and adolescents up to 2 weeks postpartum (including following pregnancy loss).
 - People younger than 19 years old who are receiving long-term aspirin therapy, because of an increased risk for Reye syndrome.
 - Children 2- to 4-years-old are more likely to require urgent medical evaluation or hospitalization due to influenza compared with older children, although the risk is lower than for children younger than 2 years old.

Categories of Health Alert messages:

- Health Alert conveys the highest level of importance; warrants immediate action or attention.
- Health Advisory provides important information for a specific incident or situation; may not require immediate action.
- Health Update provides updated information regarding an incident or situation; no immediate action necessary.
- Health Information provides general information that is not necessarily considered to be of an emergent nature.

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.